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CONFIRMATION NO. 4925

<b>SERIAL NUMBER</b> 10/710,926	<b>FILING OR 371(c) DATE</b> 08/12/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 001-400
<b>APPLICANTS</b> Irina A. Smith, Chicago, IL;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/521,954 07/26/2004 <i>also</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 09/16/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Signature</i> Allowance <i>Signature</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 29569				
<b>TITLE</b> Sexual Therapy Device				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	